Periscope.

EXCERPTS WILL BE FURNISHED AS FOLLOWS:

From the Swedish, Danish, Norwegian and Finnish:
Frederick Peterson, M.D., New York.
From the German:
William L. Leszynsky, M.D., New York.
John Winters Brannan, M.D., New York.
Belle MacDonald, M.D., New York.
From the French:
L. Fiske Bryson, M.D., New York.
G. M. Hammond, M.D., New York.
From the Italian and Spanish:
William C. Krauss, M D., Buffalo, N. Y.
From the Italian and French:
E. P. Hurd, M.D., Newburyport, Mass.
From the German, Italian, French and Russian:
F. H. Pritchard, M.D.
Albert Pick, M.D., Paris, France.
From the English and American:
A. Freeman, M.D., New York.

PATHOLOGICAL.

APROSEXIA IN CHILDREN.

In the "Practitioner" (July, 1890) Ernest A. Shaw calls attention to this condition among those suffering from adenoid vegetations of the pharyngeal tonsil. Deafness and inattention result from this overgrowth. Treatment brings about improvement in the mental capacity far in excess of improvement in hearing—a result that tends to show that the deafness is not altogether responsible for the mental deterioration. It is well known that the intracranial veins and sinuses have communications with the veins of the frontal, ethnoidal and sphenoidal sinuses, and through these with those of the nose and naso-pharynx. Axel Key and Ritzius have demonstrated that the intracranial lymphatics are in connection with lymphatics lying in the cranial nerve-sheaths, and that these lymphatics, passing from the region of the brain through cribriform plate of the ethmoid in the sheaths of the branches of the olfactory nerves, are in direct connection with the nasal and the naso-pharyngeal lymphatics, which in their turn pass to the lymphoid tissue and glands of the naso-pharynx. Thence the efferent lymphatics proceed to the lymphatic plexus of the pterygoid muscles, and from there to the anterior cervical glands. It seems reasonable to assume that there is a connection between the metabolism of the lymphatic systems of the nasal and naso-pharyngeal region of the anterior lobes of the brain, and that in the latter is the seat of the faculties of attention and observation.

Coexistent with the hypertrophy of lymphoid tissue which produces the adenoid vegetation there is found an increase of the more purely fibrous connective tissue in the immediate neighborhood. It seems not unreasonable to assume that this connective tissue, following its usual tendency to contract, causes an obstruction to the flow of lymph by compression of the lymphatics that lie in it. In this way part of the waste-tissue products derived from the metabolism going on in the cortex of the fore-brain is prevented from making its escape and remains in the cerebral cortex, thus interfering with and hindering its proper nutrition. The resulting condition expresses itself as aprosexia.

L. F. B.

SUNSTROKE AND INSANITY.

Dr. T. B. Hyslop, in the "British Medical Journal," August 23, 1890, states that out of 1,947 admissions to Bethlemon, the cause of insanity in 49 (2.6 per cent.) was attributed to sunstroke. In many cases the symptoms so closely resembled general paresis as to be mistaken for it. In infancy, sunstroke is given as a cause of accidental idiocy or imbecility.

Epilepsy is its most common sequel; mental defects and convulsions are collateral phenomena. Insanity following sunstroke resembles that due to traumatism. L. F. B.

ANALGESIA IN INSANITY.

Dr. J. M. Keniston has a paper on this subject in the "American Journal of Insanity," October, 1890. The best test for the presence of analgesia consists in the absence of any muscular contraction, resistance, spasm or shrinking, and of signs of distress, as facial contortions, outcries, etc., on irritating any portion of the body. This irritation may be produced by pricking with a coarse needle, pinching, the electric brush, etc. Failing by these methods to induce any manifestation of pain, it is fair to infer the presence of analgesia.

In some cases the passage of stimuli to the brain is delayed, and it may be necessary to wait from ten seconds to a minute or more before deciding positively that the pain-sense is absent. Phthisis among the insane often runs its course without pain or cough and with little or no dyspnœa.